

L00000000 9277

Brian Cohen

Requester's Name

1021 Ives Dairy Road # 117B

Address

Miami FL 33179

City/State/Zip

Phone #

500003341555--0

-08/01/00--01019--016

\*\*\*150.00 \*\*\*150.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit

☐ Not for Profit

Name Availability ☐ Limited Liability

☐ Domestication

Document Examiner ☐ Other DCC

Update: **OTHER FILINGS**

Updater ☐ Annual Report

Verifier ☐ Fictitious Name

Acknowledgement DCC

W. P. Verifier DCC

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

00 AUG - 1 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Examiner's Initials

L00000000 9277

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CUSTOMER CARE SERVICE, L.C.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:


1021 IVES DAIRY ROAD # 117 B  
MIAMI, FLORIDA 33179

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

BRIAN COHEN  
Name  
1021 IVES DAIRY ROAD #117 B  
Florida street address (P.O. Box NOT acceptable)  
MIAMI FL 33179  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature

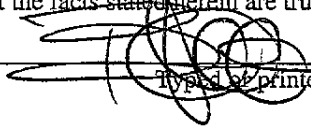
## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

BRIAN COHEN  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
Typed or printed name of signee

## FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

FILED  
AUG - 1 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA